

PART B - FEE(S) TRANSMITTAL

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28523 7590 08/08/2006

PFIZER INC.
PATENT DEPARTMENT, MS8260-1611
EASTERN POINT ROAD
GROTON, CT 06340

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/642,807	08/15/2003	Jason Lewis	342312004900	3709

TITLE OF INVENTION LINCOMYCIN DERIVATIVES POSSESSING ANTIBACTERIAL ACTIVITY

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PESELEV, ELLI	1623	536-016500

1 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)	2 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Gregg C. Benson 2 Frank W. Forman 3 _____
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3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Vicuron Pharmaceuticals, Inc.

King of Prussia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent) Individual Corporation or other private group entity Government

4a The following fee(s) are submitted

- Issue Fee
- Publication Fee (No small entity discount permitted)
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4b Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed
- Payment by credit card Form PTO-2038 is attached
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-1445 (enclose an extra copy of this form)

5 Change in Entity Status (from status indicated above)

- a Applicant claims SMALL ENTITY status See 37 CFR 1.27.

- b Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2)

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Authorized Signature

Date

16 OCT 06

Typed or printed name

Frank W. Forman

Registration No

42,547

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08/08/2006

Pfizer Inc.
PATENT DEPARTMENT, MS8260-1611
EASTERN POINT ROAD
GROTON, CT 06340

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(Signature)
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EXAMINER	ART UNIT	CLASS-SUBCLASS
PESELEV, ELLI	1623	536-016500

<input type="checkbox"/> Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached Use of a Customer Number is required.	2 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed	<u>1. Gregg C. Benson</u> <u>2. Frank W. Forman</u> <u>3. </u>
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Vicuron Pharmaceuticals, Inc.

King of Prussia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent) Individual Corporation or other private group entity Government

4a The following fee(s) are submitted <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed <input type="checkbox"/> Payment by credit card Form PTO-2038 is attached <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-1445 (enclose an extra copy of this form)
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Authorized Signature Frank W. Forman Date 16-1445
 Typed or printed name Frank W. Forman Registration No. 42,547

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